

2021 ENROLLMENT FORM

- 1. Complete all sections of the Enrollment Form after reading the Program Description & Master Agreement. If you need additional information call toll free 1-888-477-2667 or visit our website: NVPrepaid.gov.
- 2. A separate enrollment form and one-time <u>non-refundable \$100.00 enrollment fee</u> must be submitted for each child. Your enrollment form will not be accepted without this fee.
- 3. Send completed forms, enrollment fees, optional down payment (minimum \$1,000 if chosen), and any additional payments to: Nevada Prepaid Tuition Program, Enrollment Processing: 555 E. Washington Ave., Suite 5200, Las Vegas, NV 89101. Payments should be made payable to: Nevada Prepaid Tuition Program. If you choose to pay by credit card or electronic transfer, complete Section VII.
- 4. Enrollment forms must be postmarked by April 30, 2021 to enroll in the 2021 open enrollment period at published 2021 prices.

SECTION I. Purchaser Information

Please complete the following information about yourself, as the person purchasing the Nevada Prepaid Tuition Program contract. The Purchaser is the owner of the contract and must meet the qualifications of a Purchaser in the Master Agreement. (If the contract is canceled, the Purchaser is entitled to any refund).

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PURCHASER NAME				
Last First M.I.				
If Purchaser is an organization, please indicate type: □ Corporation □ Trust □ Non-profit □ Foundation □ Partnership □ Other				
Organization Name HOME ADDRESS				
Number and street, including apartment number				
CITY STATE ZIP CODE COUNTY (i.e. Clark, Washoe, etc.)				
SOCIAL SECURITY NUMBER OR TAX ID # CELL PHONE HOME PHONE				
E-MAIL ADDRESS				
You must answer "Yes" to at least ONE of the following questions to be eligible to enroll a child in the program. 1) Is the Purchaser OR Beneficiary (child) a Nevada resident? Yes No 2) Does the Purchaser hold a degree or certificate from a Nevada Community College, State College, or University? Yes No How did you learn about the Nevada Prepaid Tuition Program? (Select One)				
□ Radio □ TV □ Brochure □ Newspaper □ School or Community Event □ Online Ad □ Website □ You Tube Video □ Google Search □ Facebook Ad □ Webinar/Workshop □ Friends/Relatives □ Existing customer				
IF FRIEND OR RELATIVE, List name: Other (please specify):				
SECTION II. Purchaser Legal Successor Information				
The Purchaser's Legal Successor may receive contract information or make payments on a contract however, he/she cannot make any changes to the contract. The Purchaser Legal Successor rights are limited solely to control of the contract upon the death of the Purchaser.				
NAME Mr. Mrs. Miss Ms. Dr.				
ADDRESS				
Number and street, including apartment number				
CITY STATE ZIP CODE COUNTY (i.e. Clark, Washoe, etc.)				
SOCIAL SECURITY NUMBER OR TAX ID# CELL PHONE HOME PHONE				



☐ Douglas County ☐ PERS (currently employed by)

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SECTION III. Beneficiary (Child's) Information

The Beneficiary is the child that will utilize the Prepaid Tuition Program in the future. Complete the following information about him/her. You must supply the Beneficiary's Social Security Number or Tax ID Number or the contract will not be accepted. NAME **ADDRESS** Number and street, including apartment number COUNTY (i.e. Clark, Washoe, etc.) SOCIAL SECURITY NUMBER OR TAX ID# HOME PHONE Date of Birth: Sex: □Male □Female Month Dav Year Please check the box to indicate Beneficiary's age OR current grade if in school as of September 30, 2020. The year in parenthesis by your child's age is your child's projected college entrance date. **1.** Newborn □ (2038) **5.** 4 year old \Box (2034) **9.** Second Grade □ (2031) **13.** Sixth Grade □ (2027) **2.** 1 year old □ (2037) **6.** 5 year old, not in school \square (2034) **10**. Third Grade \Box (2030) **14**. Seventh Grade □ (2026) **3**. 2 year old □ (2036) 7. Kindergarten \square (2033) **11**. Fourth Grade □ (2029) **15.** Eighth Grade □ (2025) **8.** First Grade □ (2032) **12**. Fifth Grade □ (2028) **16.** Ninth Grade □ (2024) **4.** 3 year old □ (2035) Who is the contract being purchased for? (check one) 3. ☐ Relative 1. ☐ Child 2. ☐ Grandchild 4. ☐ Friend/Other SECTION IV. Choice of University, Community College, or combination Nevada Prepaid Tuition Plan Please check the Nevada Prepaid Tuition plan you wish to purchase. 1. □ 4 Year University Plan: 4 Years University 4. □ Community College Plus University Plan: (120 semester credit hours) 2 Years Community College and 2 Years University (120 semester credit hours) 2. □2 Year University Plan: 2 Years University (60 semester credit hours) 5. □ 2 Year Community College Plan: 2 Years Community College 3. ☐ 1 Year University Plan: 1 Year University (60 semester credit hours) (30 semester credit hours) SECTION V. Payment Schedule Please select your payment preference and indicate if you are making a down payment. (Note: Down payments are optional. If you choose to make a down payment, it must be a minimum of \$1,000 and must be included with your open enrollment form.) Choose one of the monthly payment options OR indicate if you are making a one time, lump sum payment. ☐ Single, Lump Sum Payment ☐ 5 Year/60.Monthly Payments (Newborn through 7th grade children) ☐ Extended Monthly Payments (pay monthly until child □10 Year/120 Monthly Payments (Newborn through 2nd grade children) graduates from high school) ☐ Optional Down Payment Amount of down payment \$____ (minimum of \$1,000) If selecting a monthly payment option, indicate your monthly payment method below: ☐ Automated Bank Account Withdrawal: Recommended & Debited on the 15th of the month. Form available online at NVPrepaid.gov ☐ Payroll Deduction (Choose your current employer from the participating payroll departments listed below and the required form will be sent to you. ☐ City of Las Vegas ☐ LV Valley Water District ☐ NV Energy ☐ State of Nevada: Central Payroll ☐ State of Nevada: LCB ☐ University of Nevada Las Vegas/Reno ☐ Lake Tahoe Community College ☐ Greater LVAR ☐ Humboldt General Hospital

☐ Coupon Book (Send monthly check with coupon. A coupon book mailed to the purchaser. Note: Future fees may apply)



SECTION VI. Demographic Information used for aggregate re	porting only: (Optional)			
Educational level of the Purchaser (Select highest education level ☐ High school graduate ☐ GED ☐ Associate's Degree ☐ Bachelor		gree \Box Ph.D. \Box Other (specify)		
Race of Student □ Caucasian □ African-American □ Hispanic □ Native American	☐ Asian ☐ Other (spec	ify)		
<i>Annual Family Income</i> □ Less than \$20K □ \$20K - 29,999 □ \$30K - 39,999 □ \$40 □ Greater than \$150K	K - 49,999 □ \$50K -7	9,999 🗆 \$80K - 99,999 🗆 \$100K -	149,999	
SECTION VII. Authorization & Certification			_	
I hereby certify under penalty of perjury that the above infort knowledge. I acknowledge that a substantial fee may apply it Nevada Prepaid Tuition Program Enrollment Form. This En any future updates) constitute the entire Agreement between governed by the laws of the State of Nevada. By signing the all the terms and conditions within the Program Description and the state of Nevada.	for contract termination rollment Form, The Pr purchaser and the Nev Enrollment Form, I ac	resulting from material misrepresen ogram Description and Master Agree ada Prepaid Tuition Program. This A knowledge that I have read, understo	tation on this ment (including Agreement is od, and agree to	
Signature of Purchaser				
Please print full name	Da	te	<u> </u>	
*Enrollment is open from November 1, 2020 through actuarial assumptions (such as tuition costs and estimate contract adjustments including, but not limited to, short prices. Notification of such changes will be posted part. New Pursuant to NRS 353B.130, your contract is not an oblig taxing power of the State is pledged directly or indirectly contract. The Board cannot directly or indirectly or continuous form of taxation whatsoever or to make	ed investment returns). ening the enrollment pursuant to NAC 353B. avadaTreasurer.gov ation of the State of Nactly or contingently, magently obligate morally	Changes to these assumptions may reriod and changing or withdrawing c 200, as well as on the Treasurer's we evada and neither the full faith and crorally or otherwise, to the payment of or otherwise, the State to levy or plants.	esult in ontract bsite edit nor f the	
Please provide Credit Card or Bank Information for payment Note: Credit cards for Lump Sum payments will be accepted a Wisa MasterCard Discover M	at time of enrollment on		ed by credit card.	
	onth Year Expiration Date	dollar amount and summarize tot Enrollment Fee (Mandatory):	Amount \$100	
ABA Routing # Personal Bank Account # Account Type: Checking Savings		Lump Sum Payment (If applicable): Down Payment (Optional – Applied Toward Monthly Payment Plans Only Minimum \$1,000 if option chosen):	Amount \$ /-	
Signature of Credit Card Holder/Bank Account Owner Note: Lump Sum Payment or First Monthly Payment on ALL monthly payment plans are due on or before May 15, 2021.				
	For Office Use Only			
☐ \$100 ☐ None Payment \$ ☐ Down Payment Amount \$	Check Number Multiple Forms		 vate	

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